

Narrative –Year End Report

Office of Substance Abuse
159 State House Station
Augusta, ME 04333

Agency & Program: _____
Contract #: _____
Report Contact Person: _____
Quarter Months _____

Please report on the status of your desired outcomes as identified in Rider A of your contract. (Copy this page as needed).

Short-Term Outcome(s)--as stated in contract:

Achievement Progress (Cite evidence of changes/evaluation results as well as any recommended performance target adjustments).

Intermediate Outcome(s)--as stated in contract:

Achievement Progress (Cite evidence of changes/evaluation results as well as any recommended performance target adjustments).

Long-Term Outcome(s)--as stated in contract:

Achievement Progress (Cite evidence of changes/evaluation results as well as any recommended performance target adjustments).
